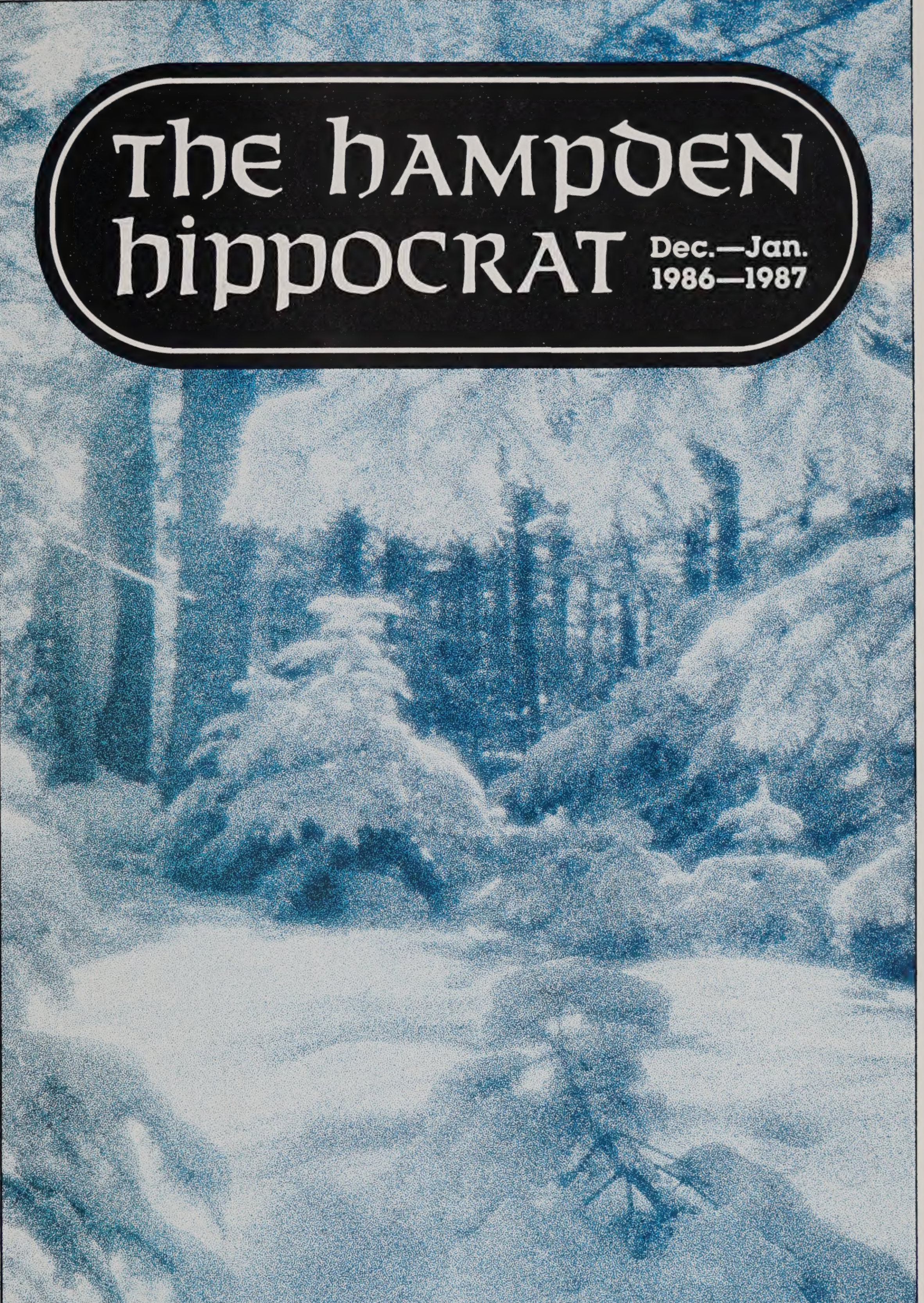
The Hampden Hippocrat

Dec.—Jan.
1986—1987

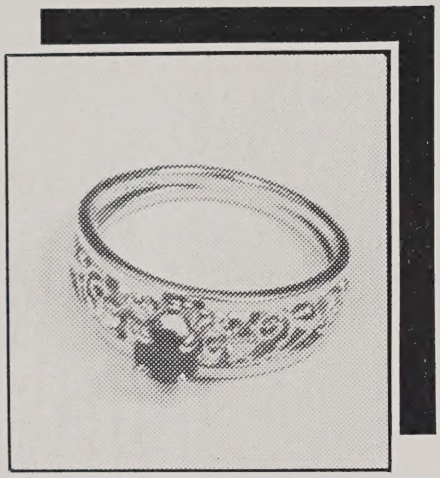


BULK RATE
U.S. POSTAGE
PAID
SPRINGFIELD, MA
PERMIT NO. 369

THE HAMPDEN HIPPOCRAT
1414 STATE STREET
SPRINGFIELD, MA 01109

ADDRESS CORRECTION REQUESTED

From Ruby to Sapphire Only the Best Silverscape Designs



Brilliance by Virtue

A work of art designed by David Virtue

14 K Filigree Ruby and diamond ring $450

Award Winning Elegance

by Jean-Francois Albert

UNCOMMON MAGNIFICENCE

1.88 carat Gem Ceylon Sapphire and .53 carat total weight diamond $7,165

silverscape designs

IDEAL CUT DIAMOND JEWELER

264 N. Pleasant Street, Amherst 253-3324
3 Pleasant Street, Northampton 584-3324

GOLDSMITHS • GEM GALLERY

Carol L. Nystrom
Executive Secretary

Carol A. Sarno
Office Secretary

OFFICERS

Gregory A. Slachta, *President*
Charles W. Cahill, *Vice President-President-Elect*
William W. Walthall, Jr., *Secretary*
John R.S. Remsberg, *Treasurer*

EXECUTIVE COMMITTEE

Gregory A. Slachta	Ex-officio	Charles W. Cahill
William W. Walthall, Jr.	Ex-officio	Augusto G. Asinas
John R.S. Remsberg	Ex-officio	John J. Papale
Philip B. Stoddard	Ex-officio	Mark J. Mullan
Alfred Hutt	1987	Bruce B. Stoler
Alicia M. Ross	1988	Nicholas P.W. Coe
Nancy L. Weiss	1989	John J. Zadworny

CHAIRPERSON OF COMMITTEES

Kenneth M. Frankel	*Mediation*
William J. Baker	*Publications*
Nicholas P.W. Coe	*Publications*
Terry D. Ryan	*Publications*
John J. Papale	*Public Relations*
Mark J. Mullan	*Legislative*
Peter P. Lynch	*Auxiliary*
Lorne C. Smith	*Insurance*
Lester Frank	*Medico-Legal Affairs*
Harrison D. Willcutts	*Academy-Education & Library*
Bruce B. Stoler	*By-laws*
James G. Fitzpatrick	*Medico-Religious Affairs*
Paul T. Moore	*Auditing*
Aaron M. Leavitt	*Impaired Physician*
Walter F. Tauber	*Tax Supported Medical Care*
Nabil I. Fanous	*Nominating*
William B. Coen	*Scholarship*
James F.X. Egan	*Public Health*

COUNCILORS

Augusto G. Asinas
William J. Baker
John J. Bandeian
Charles W. Cahill
Robert V. Chircop
Nicholas P.W. Coe
Robert L. Goodman
Robert J. Kasper
Lewis G. Lefer
Lawrence N. Metz
Paul T. Moore
Mark J. Mullan
Franco Navazio
Terrence M. O'Neill
John J. Papale
Thomas F. Race
Carl E. Reiner
D. Sean Restall
George E. Reynolds
Terry D. Ryan
Joseph H. Sklar
Philip B. Stoddard
Walter F. Tauber
Daniel Teres
Murray Watnick
Charles F. White

John C. Ayres Ex-officio
Gardner Cox, II Ex-officio
William W. Walthall, Jr. Ex-officio

Allen S. Johnson
Gregory A. Slachta
James J. Siragusa, Jr.
President-Elect,
Mass. Medical Society

THE HAMPDEN HIPPOCRAT

VOLUME XXXXIII NO. 1
DECEMBER 1986—JANUARY 1987

1414 STATE STREET
SPRINGFIELD, MASSACHUSETTS 01109
Telephone: 736-0661

THE HAMPDEN HIPPOCRAT is published
by The Hampden District Medical Society
Springfield, MA

Acceptance of advertising in the HIPPOCRAT
Does not imply endorsement

Opinions expressed by authors are their own and not necessarily those of the Hampden District Medical Society.

HAMPDEN DISTRICT MEDICAL SOCIETY 1986-1987 SEASON

DISTRICT MEETING

PLACE:	Sheraton West West Springfield, MA
DATE:	Tuesday, January 27, 1987
BUSINESS MEETING:	6:00 P.M.
SOCIAL HOUR:	7:00 P.M.
DINNER:	7:30 P.M. Spouses are welcome
SPEAKER:	William S. Hotchkiss, M.D. President-Elect American Medical Association
SUBJECT:	"AMA Update on Major Issues"

NOTE: If you must cancel your dinner reservation, please call the office before noon on January 27th. If the cancellation is not made, you will be BILLED for your dinner.

----------- CLIP AND RETURN TO -----------

Hampden District Medical Society
1414 State Street
Springfield, MA 01109

I shall attend the meeting at the Sheraton West in West Springfield:

Please print name ______________________

I shall bring my spouse ______________________

I shall bring a guest (name) ______________________

Enclosed is my check for $15.00 per guest or spouse

Society is asking our members for voluntary payment of $15.00 for their own dinners to help us defray costs.

THE HAMPDEN HIPPOCRAT

CONTENTS

DECEMBER 1986—JANUARY 1987

VOLUME XXXXIII NO. 1

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D., and William A.R. Chapin, M.D.

PAST EDITORS

Max Millman, M.D.
John C. Ayres, M.D.
Walton E. Stevens, M.D.
Vivian M. Purdy

CONTRIBUTING EDITORS

Martin I. Broder, M.D.
Garry deN. Hough, III, M.D.
David W. Page, M.D.

PUBLICATIONS COMMITTEE

William J. Baker, M.D.
Nicholas P. W. Coe, M.D.
Terry D. Ryan, M.D.

IN THIS ISSUE

HDMS President's Message 6

Mr. Thompson Responds 8

The Auxiliary President's Message 9

Pension Plan Management 10

Physicians Portrait to be Presented at the January Meeting 11

"Health Care for the Homeless" 12

O Christmas, I Hear... 14

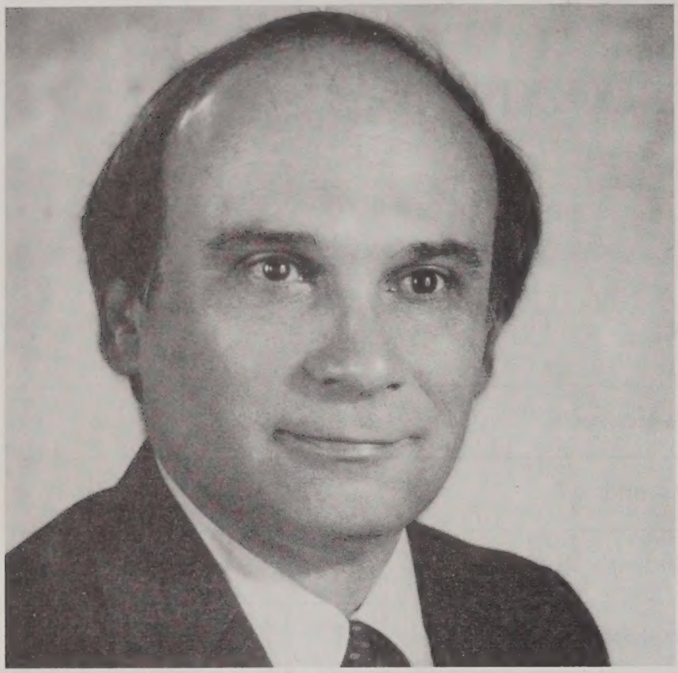
Third World Medicine 15

Welcome New Members 17

In Memoriam 21

THE HAMPDEN HIPPOCRAT is published bi monthly.
The opinions expressed in this bulletin are those of the writers and do not reflect the official viewpoint of the Hampden District Medical Society unless so stated.
All communications should be addressed to Carol L. Nystrom, Hampden District Medical Society, 1414 State St., Springfield, Mass. 01109: Telephone: 736-0661.
To be assured of uninterrupted delivery of THE HAMPDEN HIPPOCRAT, notify us in advance of an address change and include your zip code number.

HDMS President's Message



Gregory A. Slachta, M.D.

First, allow me to commend our editorial board of the Hampden Hippocrat for the outstanding job they have done in providing an informative journal for the society. I never realized until the past issue the range and diversity of our readership. I am sure that the mailman will be met at the doorstep for this provocative issue all across the Commonwealth this holiday season. Perhaps with only a little less enthusiasm than Kris Kringle. I am also pleased to see the media interest in our journal. Being quoted in newsprint indicates to me sincere interest in the Society's concerns. (I'm hoping however, that my prose will land me a job as a medical political syndicated columnist someday-I also buy Megabucks tickets)

It would be very difficult to write this article without mention of the past weeks events. That is, of course, the publicity surrounding what appears to be a substantial and diverse resignation from the Blue Shield provider contract as reported by our local media. Though, I have not personally nor has the District monitored the depth and breadth of this situation it became very evident prior to the publicity that to maintain care and access to care that non-participating legislation was necessary. That means ending the lockout so that all patients have the right to choose the physician of their choice and be reimbursed by their insurance plan. (not unique to many Blue Shield plans-the state contract). To that end, several local legislators, to their credit and foresight, had agreed to support non-par legislation this session. I hope of course, that many more will join in to end this obvious inequity for the insured of this medical service corporation.

I am by the way, flattered that Mr. Thompson took the time to read The Hippocrat and offer me constructive criticism. In the future, with his permission, I will make the context of the letter available to the Hippocrat editors. (I rated two pages)

I will comment on some of his responses at this time but assure you will take the time to offer a thoughtful complete personal response to his letter.

First, Mr. Thompson quotes AMA figures of 238 physicians per 100,000 population for Massachusetts second only to New York at 239 with a national average of 153 per 100,000 population...but in the context of health care economics it does raise some troublesome issues for...overall health care costs. Being very parochial to the greater Springfield area, I would believe there is not a physician glut overall. First, there are residents, interns and contract physicians that do not interface with the majority of patients. We may in reality be below the 153 national average and the number may diminish as Massachusetts remains off limits to many younger physicians. The situation has been so destabilized that many groups are not planning on bringing in new partners.

Uwe Reinhardt, a Princeton economist feels if anything, as more Physicians enter the workforce in a part-time capacity (many women physicians raising families) and contract physicians with limited scope specialities or limited panels of patients in managed care systems a shortage will exist. I however, do not argue the numbers but the contention that the number of physicians lead to increased cost. The increased cost is directly related to availibility and access to care. That is to say people who need medical care generate cost.

RUGS ORIENTAL

We buy and sell
Oriental Rugs

MARKARIAN & MARKARIAN
EST. 1895
472 BRIDGE STREET, SPRINGFIELD
at APREMONT TRIANGLE 737-1227

ANTIQUE and
SEMI-ANTIQUE RUGS

AUTHENTIC
OIL PAINTINGS

INDIAN and
CHINESE RUGS

The inference made is that cost can be cut by rationing care. A dangerous principle and certainly not appropriate for an insurance company to make. By the way, if Mr. Thompson's contention is correct, that there are 2000 physicians in the greater Springfield area, then we have 400 physicians per 100,000 population and I preside over the largest district in the state. I wonder, if his data can be substantiated with living and breathing physicians or if the area extends to and includes Hartford and Albany.

Secondly, I am accused of dismissing "out of hand the implications of the so-called merger bill. While the bill is lengthy, it is hardly vague". I have of course read the merger bill as well as a legal opinion as to whether such a bill would indeed end the lock-out. It is the language of the bill that was interpreted as vague in establishing a non-par option. The implications of the merger on the physician community are too diverse to address here. But more important, if, in principle Blue Shield can support a non-par option for physicians with linkage to the merger, why not dispell the nagging distrust that physicians have in the organization and join with us in support of the non-par option and regain credibility as the carrier of the "Caring card"?

Thirdly, I was critized as to the statement regarding the implication that Mr. Thompson felt we made too much money. I am glad to be corrected there and apologize if my sources were inaccurate.

Something Mr. Thompson did not comment on in his correspondence was Blue Shield executive salaries that reflected in some cases 20% increases over 1984 salaries. That is considerally above the CPI or the MEI (Medical Economic Index). And they are crying about a 12% hospital inflation rate. Not bad for a medical service corporation supposedly under public scrutiny.

Finally, there is something Mr. Thompson and I agree on. I also don't think anyone is served by publishing information that is incorrect.

Websters Third New International Dictionary defines blue and shield as:

^{1}blue 3a: low in spirits: melancholy, depressed
7a: characterized by indecency or obscenity
^{1}shield d: a screen of armor plate...to protect an otherwise exposed gun

Just something to consider.

Has the HMO lost its steam? The Friday, November 28th New York Times reported that "New York City municipal workers were wary of health plans offered by profit-making health maintenance organizations. Only 4000 of the 425,000 municipal employees chose to drop their current coverage and sign up with one of the four plans being offered. Officials said the workers apparently preferred the familiarity of their old plans and also balked at paying more for programs that offered fewer participating doctors".

"All worthwhile men have good thoughts, good ideas and good intentions---but precious few of them ever translate those into action."
John Hancock Field

SPECIALISTS
in malpractice insurance; excess liability; life, group, and health insurance; pension and profit sharing plans.
Henry F. Hanmer, *C.P.C.U.; C.I.C.,* **John L. Seyler**
Thomas T. Donahue, *C.P.C.U.,* **Stephen W. Fitts,** *C.P.C.U.*
Rod Goulding, *C.P.C.U.,* **Jay Josselyn,** *C.P.C.U.; A.R.M.*
Edward F. Hallet, Robert F. Wilson, Ralph A. Stirlacci
FE&B
FIELD, EDDY and BULKLEY, INC.
Insurance
1200 Main Street, Springfield • Telephone 413-733-3131

Mr. Thompson Responds

Dear Editor,

Enclosed is a copy of the letter from John Larkin Thompson, President of Blue Shield. I have been requested by the Chairman of the Board of Blue Shield, Dr. Louis Alifano, to have this published in the Hampden Hippocrat "as a sense of fair play." I would concur, as it is germane to this month's President's page.

Respectfully submitted,
Gregory A. Slachta, President, Hampden District Medical Society

November 20, 1986

Dear Dr. Slachta:

I was reading through the October issue of THE HAMPDEN HIPPOCRAT and felt there were a few items in your President's Message that required a response.

I have expressed concern over the number of physicians that practice in the Commonwealth. The AMA figures demonstrate that Massachusetts has a physician population of 238 per 100,000 population. New York State has the highest per capita concentration of physicians at 239 per 100,000 population. The average throughout the country is 153. There is no easy answer to the question of what the appropriate distribution of physicians should be but in the context of health care economics it does raise some troublesome issues for both overall health care costs and physicians themselves. Health care expenditures in Massachusetts, again per capita, are the highest of any state in the nation with New York not far behind. An example of how physicians themselves are affected can be seen in the specialty of obstetrics. If you use the AMA figures on physician distribution you will see that there were 549 obstetricians/gynecologists in the Commonwealth in 1970 and 790 in 1983. At the same time, the number of live births per 1,000 population dropped from 95 in 1970 to 76 in 1983. The impact upon the practice of obstetrics was a dramatic reduction in the volume of deliveries per obstetrician during that period. In 1970 the number of live births per obstetrician/gynecologist was 173. That dropped to 96 in the year 1983. I'm not suggesting that this is the only issue that faces obstetricians but that specialty and indeed physicians in all specialties should be willing to consider the implications of supply and demand on their practices.

In the same sentence, you characterize me as commenting that physicians "make too much money anyway." You will not find any such statement coming from me or anyone else within Blue Shield. I have on various occasions testified as part of legal proceedings, regulatory hearings or legislative hearings on the issue of physician income. While fees are usually the focus of events, I have referred to the official public report of the AMA on the issue of net income of physicians by region. In addition, I have referred to the study done by the New York Medical Society, again based on AMA statistics, which compared gross and net income of four specialties in a number of different states, including Massachusetts. I have not on any occasion characterized the AMA figures as too high or too low but as the only current, credible data which puts into some perspective the remuneration received by physicians within the Commonwealth.

Finally, you appear to dismiss out-of-hand the implications to physicians of the, so-called, merger bill. While the bill is lengthy, it is hardly vague. It is an amalgam of existing legislation contained within Chapter 176A and Chapter 176B and did address the issue of the prohibition against payment for the services of nonparticipating physicians. The bill was filed two or three years in a row in a format that would have removed the prohibition. Many physicians in a leadership capacity were unwilling to expend the effort to determine whether the bill would have resolved the matter that had been in controversy for almost two decades. In rather typical fashion, physician organizations took the expected view that if we supported it, they would be opposed. Most observers would consider that an unfortunate approach to resolving issues,

I presume there will be further comment in the HIPPOCRAT on issues pertaining to Blue Shield. I don't think anyone is served by the publishing of information that is incorrect. If there is an issue pertaining to Blue Shield that you wish to address, we would be more than happy to provide an accurate statement of what the company's position is on that matter. Obviously, you may have a different view as to how a particular issue should be resolved but it would be helpful to everyone if the underlying facts were correct.

Very truly yours,
John Larkin Thompson

The Auxiliary President's Message

Betty Lynch, President H.D.M.S.A.

The Hampden District Medical Society Auxiliary. Where have we been? Where are we going? We are supposed to be the largest most active Auxiliary in the state. We have been active until a few years ago. We will be going nowhere unless we rid ourselves of the apathy that threatens to end our every reason for being---to help our husbands who at this very time are undergoing stress they have never known before.

We, the Doctors' wives, must work together as a single body to keep on top of legislation, understanding of malpractice suits and how the Insurance Companies are paying or not paying doctors for services rendered.

In past years, we have done many things to inform and work with the general public. We have at the Science Museum, a display on the Anatomy of the human body, with Auxiliary members giving lectures to school children. We have a seat from a car with seat belts properly placed to demonstrate passenger safety and especially child passenger safety. This has been on display at the Big E, the Children's Museum in Holyoke and most recently Audrey Rich took it to the Boston Common for a Safety Council Exhibit. We also have no smoking kits which make their way from school to school. We also held Financial Seminars which were fairly well attended and a Health Seminar expertly chaired by Jane Condon. Our major social event of the year is our Holiday Tea which everyone looks forward to.

This year there is no President-Elect, which means no President next year. This year I had to drop some Board positions because there was no one willing to do the work.

I see all these programs becoming non-existant and after that I see the H.D.M.S.A. becoming non-existant.

Please consider taking an office if called upon or a position on the Board. We know the talent and expertise is out there.

A.D.™ Alzheimer's Disease
and Related Disorders Association, Inc.

The Alzheimer's Disease and Related Disorders
Association of Western Massachusetts announces
the opening of the Chapter office

38 Gothic Street
Northampton, MA 01060

(413) 586-5325

Pension Plan Management

An appropriate ''Benchmark'' will help you make Intelligent Investment Decisions

(This article is the second in the series of articles dealing with Value-Added Pension Plan Management)

High performance at controlled risk and cost is every investor's goal. In the recent years, the promises money managers have for some turned to disappointment, if not disaster.

For many, the time, trouble, and cost of investing, coupled with less than overwhelming results, have inspired the use of standards, or indexes.

Each year billion of dollars of pension assets are distributed among the professional investment management community on the basis of summary results. The usual criteria for manager evaluation is comparison to an index. (Comparison to an index is considered appropriate because the performance of the index can be achieved inexpensively by a mechanical process-investing in index funds).

One of the following broad market indexes can be used, depending on a pension plan's objectives and risk tolerance:

1. Money Market Index-If you want low fluctuations from interest rates. (Such as CD's, Treasury Bills, ETC.)
2. Bond Market Index-If you want to assume risks(e.g. Credit rating of a Bond Issuing Company) Comparable to the Bond Market Averages (such as Solomon Brothers Index, Shearson/Lehman Index,ETC.)
3. Stock Market Indexes-If you want to assume risks (e.g. Stability of the company) Comparable to the Stock Averages. (Such as DJIA, S&P 500, NASDAQ, ETC.)

A Money Manager can also be compared to a ''Customized Index'', which is a standard chosen for a particular manager corresponding to this manager's style. For example, An Equity Manager who concentrates in takeover target companies cannot be compared to the Broad Stock Market Index.

Due to such factors as their investment Philosophy, Decision Process or Long-Standing Indentification in the Market Place, Managers tend to impose boundaries on themselves. That's why another alternative is to compare a money manager to a ''Customized Universe'', i.e. The Universe of Securities in which the manager prefers to operate. To summarize, each money manager can be compared to either: ONE OF BROAD MARKET INDEXES or CUSTOMIZED INDEX or CUSTOMIZED UNIVERSE.

It is unreasonable to expect anyone to beat different indexes simultaneously. But choosing the appropriate standard and setting up guidelines becomes critical for the success of the pension plan as it provides realistic Information on:

1. How the money manager performs relative to the market.

If the Money Manager Advocates ''Passive'' Investment Strategy (His goal is to perform as well as the selected index),He should be credited just for doing so. But if the Money Managers Pursures ''Active Strategy'' (The objective, in this case, is to beat the selected index), He should be credited only for the difference between the returns earned on your pension assets and the index that has been previously agreed upon.

2. How the money manager performs relative to the competition. (Other Money Managers)

When the money manager is compared to a given index, and if that index falls in a down market, the manager should not be blamed for that part of the performance. But if the majority of other money managers in the Competitive Universe outperformed him, you might consider switching your funds to a manager with better investment results.

A well defined standard for tracking investment performance represents an agreement between a pension plan sponsor and money manager that the objectives of the fund are reasonable. This gets the cards out on the Table, ''Upfront'', and reduces the chances of later misunderstanding.

The next article will discuss determinants of investment performance once the appropriate index is agreed upon.

by Tatayna Okshteyn

Tatyana Okshteyn is associated with ''Aetna Capital Management'' in Hartford and is a consultant to ''Investment Evaluation Group, Inc.'' In Springfield, Mass. Mrs. Okshteyn holds an MBA from University of Massachusetts in Amherst and is a member of ''Options and Futures Society of the United States.''

INGRID SCHWEIGER,Ed.D.

PSYCHOTHERAPY
ADULT • ADOLESCENT • CHILD

LONGMEADOW, MA (413)567-3133

**MARY LYON
NURSING HOME**

Hampden
Massachusetts

MEDICARE APPROVED

Phone: 566-3431
566-3426

Physicians Portrait to be Presented at the January Meeting

The long awaited Physicians Portrait of 1986 will be presented by the Springfield Academy of Medicine to the HDMS at the January Dinner meeting.

From the first meeting of the committee in June, 1985, to the Champagne Preview sponsored for the Board of Directors and the Portrait Committee by Dr. and Mrs. Bruce Stoler in December, 1986, the committee met frequently to make the many decisions necessary to accurately portray the changes in the world of medicine over the last fifty years.

The major responsibilities of the committee were to select an artist, choose a title, agree on the major medical accomplishments to be represented and last but not least, to raise the necessary funds. After interviewing several local artists, the committee chose Mrs. Catherine Broedeur of South Hadley. Mrs. Brodeur resides in Holyoke where she teaches artists and conducts workshops in her studio. She has served as the official artist for the United States Navy and Coast Guard and has exhibited at the Copley Society Galleries in Boston, the Hudson Valley Art Association in White Plains, New York, and the National Arts Club in New York City, to mention only a few.

The process of choosing both the appropriate subject matter and title took several extended committee meetings, frequent telephone calls and queries via the U.S. Postal Service. Upon relating to Mrs. Brodeur what was to be emphasized in the portrait she produced several sketches from which the committee could choose. The next task was to locate models and we would like to extend our appreciation and gratitude to Mr. Matthew Pszeniczny and to Ann Marie O'Connell for their patience and fortitude in fulfilling their roles as models.

Originally the portrait was scheduled to be ready in September but due to emergency surgery, Mrs. Brodeur was unable to complete the project by the appointed time. Fortunately, through an extended effort on her part, the portrait was completed in November, in time for the January HDMS dinner meeting and the committee is grateful to Mrs. Brodeur.

The committee would like to thank those who contributed $100.00 or more; Dr. and Mrs. John Carey, Dr. and Mrs. Gregory Slatcha, Dr. and Mrs. Harrison Willcutts, Dr. and Mrs. William Cummings Jr., Dr. and Mrs. Lorne Smith, Dr. and Mrs. Gulab Shah, and the Association of Obstetricians and Gynecologists and to extend special thanks to the major contributors; Mr. Hillard Aronsen, Contel Computor Systems Corporation, East Windsor Division and Dr. and Mrs. Bruce Stoler.

Margaret Stoler
Springfield Academy of Medicine

The Austin Flint History of Medicine Society
U. of Massachusetts Medical School

Dear Colleague:

The University of Massachusetts School of Medicine has established the Austin Flint History of Medicine Society. This organization will hold five meetings a year at the Medical School in Worcester. The lectures will be at 5PM preceded by a wine and cheese reception at 4:30. Category I credit will be available.

The first three lectures are listed below:

Febuary 12: Amphitheater II—Dr. Francis Moore, Moseley Professor of Surgery emeritus, Harvard Medical School.

HEARTS, KIDNEYS and PROTEINS: Common Threads in Notable Advances

March 26: Amphitheater II—Dr. J. Worth Estes, Professor of Pharmacology and History of Pharmacology, Boston University Medical School.

IMHOTEP and THE MEDICAL SKILLS OF ANCIENT EGYPT

May 13: Faculty conference room—Dr. Guido Majno, Professor of Pathology and Chairman Dept. of Pathology UMMC.

FROM POPPIES TO PERIWINKLES: The Saga of Medicinal Plants that become Drugs.

If you have a particular interest and would like to present a lecture please let me know by writing to the address below:

Dr. Paul Berman
U. of Mass. Health Service
Amherst, Mass. 01002

Thank you for your time and interest.

Sincerely Yours,

Dr. Paul Berman
Society Secretary

P.S. Another lecture in Worcester Area: Dr. J. Worth Estes, Selling Medicines with Science: Patent Medicine Advertising in 19th Century America. American Antiquarian Society, 185 Salisbury Street, Worcester. February 12th at 8:00PM.

''Health Care for the Homeless''

Sister Julie Crane, RN and Sister Joan Roche, RN are known and trusted by virtually all of the ''street people'' and shelter inhabitants in Springfield. They are on the frontline of health care for these people whose needs are myriad. I have worked with them and got them to stop long enough for an interview.

WJB

Sister Julie easily recalls her first day ''on the job''. She realized the need and had talked about medical screening, treatment and referral for the homeless and the hungry with Sister Mary Peter at the Soup Kitchen on Lyman Street. On July 5, 1983, she began to talk to and elicit the cooperation of police, firemen, social workers, hospitals, pharamacists, physicians and shelter personnel. Things started slowly, but the needs were there---many deinstitutionalized mental patients without a support network; street people with injuries, infections and skin problems. There were epileptics and diabetics, alcoholics and drug addicts, all out of the mainstream of medical care who needed attention. People who ran the shelters soon learned to depend on her daily rounds to deal with these problems.

Sister Joan Roche joined her in January, 1985. She had been a teacher in Rhode Island, but completed the Elms College nursing program and stayed in this area with the Sisters of Saint Joseph.

Together they covered the city's shelters and ''soup kitchens---Jefferson Street, Prospect Street, Cummings Memorial, Bliss Street Rescue Mission and the Salvation Army Shelter. From mid 1985 to mid 1986 they saw over 4200 individuals, sometimes over 20-30 people a day.

Displaced and homeless families seem to be increasing as they are in other urban settings, they note. Children with fever need attention; young mothers need instruction in infant care. Diabetics need blood drawn; alcoholics with cellulitis of the legs need transportation to a doctor's office or the hospital. Today, a young man who came into the shelter from living under a loading dock was covered with ecchymotic areas, markedly anemic, and was referred to the hospital. The need never stops.

Area hospitals have been receptive to their calls and referrals despite these folks' lack of finances or insurance coverage. A network of over a dozen physicians, dentists and podiatrists has been established for referral, and physicians such as

Look to us for direction.

Shawmut
First Bank

Members FDIC. Equal Housing Lenders.

Eugene Boss and Marshall Jordan provide weekly on-site care.

Presently, there is a need for a dermatologist, an otolaryngologist, an opthalmologist and a podiatrist for referral of patients. An exam table is needed for a treatment room at a shelter. The program is operated on a shoe-string budget under the auspices of the Sisters of Providence. A grant from the Elms College has helped, and student nurses rotate through the program. Volunteer nurses and allied health professionals are welcomed; funds are always needed and are put to expeditious use.

"*Massachusetts Physician*" recently reported on the program and said that all of this was done on the astoundingly low budget of $22,000.

But low budgets are nothing new to these nuns. Sister Julie, who grew up in Springfield, got her nursing degree at Providence Hospital, became a nurse practitioner and has done medical work in India and Labrador. She was working with migrant laborers before the need for medical care for the homeless in Springfield became apparent to her. "God showed me the need," she states. Sister Joan, although a nurse, continues her role in a teaching order.

One does not have to spend too long a period of time with these women on their daily rounds to see their competence and caring. They are received with respect and trust, and their problem-solving ability is readily apparent. Most obvious, though, is their spirit of joy, and uplifting cheer with each person they see. And in some cases, they have constituted the only "family" at the funeral service for one of "their people."

"Do not neglect to show hospitality to strangers, for thereby some have entertained angels unawares."

Sister Julie attends to the needs of a clinic visitor

Sister Joan (L) and Sister Julie (R) conduct a typical clinic for the homeless.

Distinctive Dining at Springfield's

STUDENT PRINCE
and
FORT RESTAURANT
6 Fort St. 788-6628-Springfield

TENORMIN
TENORETIC TABLETS
CEFOTAN I.V.

Frank Bobbin
Stuart Pharmaceutical

Message Center Beepers
1401 State Street, Springfield, MA 01109

Mobiletelephone ■ Beepers ■ Answering Service

781-1149 **Mass** Toll Free: 1-800-332-1149

O Christmas, I Hear...

I hear that Churches give
More comfort with their creed
So now we must believe
That they have what we need

I hear the annual call
For us all human beings-
A call that can enthrall
And pious tidings bring

I hear a mystic voice
That spurs us on to love,
To make a better choice
Of roads on which we drove.

I hear some pleasant cheers
Here, there, more so from youth.
It's Christmas, yes, that steers
All hearts to paths of truth.

I hear this or that bell,
The chimes with their ding-dongs.
I'm sure that we can tell
We're singing sacred songs.

I hear a zephyr blithe
which blows in pews around
To remind that the tithe
Is sought and holds the grounds.

I hear a magic lore
Of manifested joys
In every home and store
Among nice girls and boys.

I hear an active toil
For mistletoes and wreaths,
And no one seems to foil
The values of bequeaths.

I hear words of a spree
To give, exchange and send
Fine gifts - one, two or three-
To kins or any friend.

I hear we have to lean
On good precepts and vows
And become daily clean
Like ships from sterns to bows.

I hear that our best wish
Of peace and brotherhood
Is nil in some parts - pish!-
And never understood.

I hear we have to sift
Sagaciously the Wheat
From chaff - oh, what a gift
Which can entail, entreat!

I hear an echo still
From all humanity
That comes to drill and drill
True peace with sanity.

I hear the Potentates
That show the olive-branch
In all inane debates.
Are resolutions stanch?

I hear war threats here, there...
Are these prophetic signs
That Mars is ready where
Hate grows with dim designs?

I hear, O Christmas that
To us you're always near.
Our woes are getting fat,
So do assuage our fear.

"Gloria in excelsis Deo et in terra pax hominibus
bonae voluntatis"
"Gloria a Dio nei piu alti dei cieli
e pace in terra agli uomini di buona volonta"

Dr. John J. Alifano, Sr.
Springfield, MA (USA)

FOR EVERYTHING IN TRAVEL!
AGENTS FOR LEADING AIRLINES, HOTEL & STEAMSHIP COMPANIES
DOMESTIC & FOREIGN TRAVEL

TRAVEL AGENCY
ARRANGED FOR BUSINESS OR PLEASURE
FULLY COMPUTERIZED RESERVATIONS & TICKETING SYSTEMS

ASTA
American Society of Travel Agents

Weidner Travel, Inc.
WT
JOE MELL
President
Everything in Travel

ANYWHERE IN THE WORLD *Call* **781-0550**
205 DWIGHT ST. SPRINGFIELD

Third World Medicine

In the past few months, I have once again availed myself of an opportunity to teach and practice medicine in a "third world " or "developing" country. I had a wonderful time in Malawi, as I did previously in Indonesia and Peru. Bob Kasper, John McNally and other Hampden physicians have done the same sort of thing. Have you ever considered it?

If you do take such a trip, you can anticipate exposing yourself to mediocre food and housing, a variety of health hazards, inadequate medical facilities, communication barriers both verbal and cultural, and a series of frustrations that are sometimes beyond belief. Most sponsors provide free or inexpensive housing. Inexpensive food may mean shopping at native markets. Short-term volunteers are usually expected to pay for their own transportation, but be sure that local transportation is provided for and at what cost. Unless you have local support staff, you can spend much of your time obtaining the necessities rather than accomplishing your objectives. Personal services, by contrast, are inexpensive in the third world. Don't be put off if you are told that you are expected to pay for the services of a cook, a maid, and a gardener (for example). It will cost less than you might think.

So why am I encouraging you to put up with the frustrations of a foreign country? Firstly, it is in a good cause, especially if you do some teaching. Remember that if you give a man a fish, you feed him for a day, but if you teach him to fish, you feed him for a lifetime.[1] But to bring a doctor or a health care worker to America and teach him to care for American diseases with American equipment is to make him want to practice medicine in American. Far better (although more costly) to ship the teachers overseas to treat local diseases with local resources and create "undrained brains".[2]

Secondly, it is educational. Never before have I treated either crocodile or hippopotamus bites. Tuberculosis, leprosy, and polio are common orthopedic conditions in the third world. To say nothing of the historical, cultural and artistic wonders awaiting you in unexpected places.

Thirdly, you will know that you are needed. If you tire of the psychosomatic, the litigious, and the overprivileged patient, you will find people who need you desparately. The tolerance of the African for pain is phenomenal. The patience of those seeking medical care in the third world is beyond belief. The expressions of gratitude are truly heart-warming, and nobody threatens to sue you.

Fourthly, you will find some very interesting people. Third world natives have some different and challenging approaches to living. Even more fascinating is the expatriate community. South Africa's problems look very different from southern Africa. For ease of communication, I associated more with expatriates than natives. I found them cosmopolitan, friendly, and very stimulating.

Lastly, it will reorder your priorities. Living with fewer amenities makes you decide which luxuries are worth while. Hot showers are number one on my list. I gained a new appreciation for the many people who make it possible for me to deliver the kind of medical care I know and love. But I renewed a flexibility and adaptability in a suboptimal environment that contrasts sharply with the perfectionism prevalent here today. At times, Africa seemed more human than America. I have returned with a clearer idea of my blessings, a renewed appetite for challenge and the satisfaction of accomplishment. An excellant return on the investment of a month or two!

For those of you interested enough to be reading still, I have a little advice. It is essential that third world medicine be practiced under an organization skilled in the art. My choice was Orthopaedics Overseas, Inc., which I recommend highly to collegues in my specialty. For those less fortunate, a new group called Health Volunteers Overseas, Inc., has been formed to coordinate specialty groups that support third world medical programs. HVO tries to match volunteers and programs as to geographic and medical interests. Tours of duty are typically for one month, although I prefer three or four months. Most orthopedic programs require some continuity of service, which a group can support. This may be less necessary in other specialties. Local staff support is absolutely essential to help with housing, communication and transportation.

Mission groups are excellant sponsoring organizations. Their hospitals and clinics are usually well equipped and staffed by dedicated long term personnel. They can often use short term volunteers, although you must decide how much you wish to mix health care and evangelism.

Ask your sponsoring organization for details of their program and advice for short term volunteers. Although the "Ugly American" is less common now, it is easy for a first-

continued on next page

Visiting Nurse Association of Springfield, Inc.
600 Berkshire Ave.
Springfield, MA 01109
781-5070

HOME HEALTH SERVICES
24 hours a day · 7 days a week

NURSING
PHYSICAL THERAPY
HOMEMAKERS
HOME HEALTH AIDES
OCCUPATIONAL THERAPY
SPEECH THERAPY
MEDICAL SOCIAL SERVICES
VOLUNTARY CARE GIVERS

Certified for Medicare-Medicaid/United Way Agency

Serving: Agawam, East Longmeadow, Longmeadow, Ludlow, Hampden,
West Springfield, Southwick, Springfield, Westfield and Wilbraham

Third World Medicine

continued from previous page

time volunteer to make mistakes. If your group doesn't have such literture, O.O. Inc., does.[3]

Plan to work full time while on site. Tourism is best done before or after. You will get more out of both acivities and the country will get more out of you. Be sure to call several air lines with your travel plans. Price variations are unbelivable.

Study the country you select in advance. The State Department briefings are available and very good, although not always current. The library can help. Expect to get conflicting advice about immunizations, drugs for personal use, etc. I found the Infectious Disease consultants and the CDC good, but not infallible. Be sure to take water purification tablets. Boiling your drinking water is appropriate while you are at your residence, but may not be feasible while traveling. Local residents may ridicule your efforts, but they have had more time to equilibrate with the local flora. A one week illness is 25% of a one month tour.

Don't hesitate to take your wife and children. They can profit from the experience as much as you. Spouses with medical talents are especially valuable. English language schools are available in most places that have hospitals. I would be a little concerned about teen-agers. Recreation facilities are often limited, and I would judge on a individual basis.

I have met very few medical volunteers who did not find the experience positive. Each time I have returned from a tour, I found that the unsurmountable problems I left at home had become interesting challenges. Third world medicine can benefit the donor even more than the recipient.

Garry Hough 111, M.D.

---

[1] Chinese proverb.

[2] Crawshaw, R. Personal Communication.

[3] Cobey, J.C. A Guide for Short-Term Volunteer Medical Workers in Developing Countries. NCIH Jan., 1985

"The Physicians Choice"

- 24-Hour Registered Nursing Care
- Physical Therapists to Continue Your Prescribed Therapy
- Special Dietary Requirements Graciously Served
- Luxury Accommodations are available at our Longmeadow House

East Longmeadow Nursing Home &
Longmeadow House

For information contact:
Beverly Ann Atkinson
Director of Admissions
(413) 567-1046

Welcome New Members

Anne B. Shain, M.D.
444 Montgomery Street
Chicopee, MA 01020

BORN:	April 16, 1955
PREMED:	Cornell University, Ithaca, NY 1973-77
MEDICAL:	SUNY Buffalo School of Medicine 1977-81
INTERNSHIP:	St. Francis Medical Center, Hartford 1981-82
RESIDENCY:	St. Francis Medical Center, Hartford 1982-84
BOARD CERTIFIED:	1984
SPECIALTY:	INTERNAL MEDICINE

Alan J. Koletsky, M.D.
759 Chestnut Street
Springfield, MA 01107

BORN:	May 7, 1952
PREMED:	Kenyon College 1970-74
INTERNSHIP:	Medical Center Hospital of Vermont 1980-81
RESIDENCY:	Medical Center Hospital of Vermont 1981-83
FELLOWSHIP:	Yale/New Haven Hospital, Medical Oncology 1983-86
SPECIALTY:	INTERNAL MEDICINE/ONCOLOGY

Michael W. Eder, M.D.
70 Court Street
Westfield, MA 01085

BORN:	August 17, 1947
PREMED:	University of Michigan 1965-69
MEDICAL:	Medical College of Ohio at Toledo 1969-72
INTERNSHIP:	Rush-Presbyterian St. Lukes 1972-73
RESIDENCY:	Rush-Presbyterian St. Lukes 1973-74
SPECIALTY:	GENERAL SURGERY/VASCULAR SURGERY

Tylor B. Lippincott, M.D.
759 Chestnut Street
Springfield, MA 01107

BORN:	June 29, 1960
PREMED:	University of Maine at Orono 1978-82
INTERNSHIP:	Baystate Medical Center, July, 1986-present
SPECIALTY:	SURGERY
RESIDENT	

Michael W. Kruczek
3 Pitt Street
Worcester, MA

BORN:	May 18, 1960
PREMED:	Boston University
MEDICAL:	University of Mass. School of Medicine
STUDENT	

continued on next page

SPRINGFIELD PRACTICE CONSULTANTS

Suite #126 130 Maple Street
Springfield, MA 01103
(413) 785-1186

? Have you been considering a computerized system for your practice.

? Is your time too valuable for an in-depth search for the perfect system to meet your needs.

WE CAN HELP YOU:

1. Evaluate your practice needs.
2. Define your specifications into document form for submission to various vendors.
3. Select and convert to a computerized system from your present system.
4. Adaptation of business office routines.

We have over 40 years combined experience in medical practice.

Welcome New Members

continued from previous page

Alexander R. Miller, M.D.
85 South Street
Ware, MA 01082
BORN: November 27,1954
PREMED: University of California, Davis CA, 1972-76
MEDICAL: Albert Einstein College of Medicine, Bronx, NY 1976-80
INTERNSHIP: Harbor/UCLA Medical Center, Torrance, CA 1980-81
RESIDENCY: Harbor/UCLA Medical Center, Torrance, CA 1981-86
SPECIALTY: GENERAL SURGERY

Timothy K. Fitzpatrick, M.D.
759 Chestnut Street
Springfield, MA 01107
BORN: August 12, 1954
PREMED: Antioch College
MEDICAL: Royal College of Surgeons in Ireland 1980-86
INTERNSHIP: Baystate Medical Center June 1986-present
RESIDENT

Kathleen A. Beith, M.D.
759 Chestnut Street
Springfield, MA 01107
BORN: April 4, 1959
PREMED: Tufts University
MEDICAL: Tufts University School of Medicine 1982-86
INTERNSHIP: Baystate Medical Center, July, 1986-present
SPECIALTY: OB/GYN
RESIDENT

Marshall C. Jordan, M.D.
305 Bicentennial Highway
Springfield, MA 01118
BORN: November 9, 1951
PREMED: Dartmouth College
MEDICAL: Jefferson Medical College
RESIDENCY: BMC
SPECIALTY: GENERAL SURGERY

Michael J. Lemanski, M.D.
759 Chestnut Street
Springfield, MA 01199
BORN: January 24, 1957
PREMED: Holyoke Community College 1975-77
Amherst College 1977-79
MEDICAL: University of Mass. Medical School 1979-83
RESIDENCY: Duke University of Mass. Medical School 1979-83
BOARD CERTIFIED: Family Practice of Mass. Medical School 1979-83

Gay L. Lieberman
759 Chestnut Street
Springfield, MA 01107
BORN: September 16, 1960
PREMED: University of Wisconsin, Madison Wisconsin 1977-82
MEDICAL: Sackler School of Medicine, Telaviv, Isreal 1982-86
INTERNSHIP: Baystate Medical Center July, 1986-present
SPECIALTY: OB/GYN
RESIDENT

Ronald H. Berger, M.D.
780 Chestnut Street
Springfield, MA 01107
BORN: January 30, 1959
PREMED: Cornell University
MEDICAL: Tufts University
INTERNSHIP: BMC
RESIDENCY: BMC
SPECIALTY: INTERNAL MEDICINE

Savvas Papazoglou, M.D.
1221 Main Street
Holyoke, MA 01040
BORN: November 24, 1947
MEDICAL Athens University, Athens, Greece
RESIDENCY: SUNY, Syracuse, NY
SPECIALTY: NEUROSURGERY

Benefit From Years of Expert Shoe Fitting at ARNOLDS

CRADLE YOUR FOOT IN SOFT DEERSKIN

PILLOW TOPS

THE *EXTRA*

REG. U.S. PAT. OFF. *DEPTH SHOES*

FOR MEN
AND WOMEN

Other Styles
Available

- Extra Depth Shoes are especially designed to give natural support to the arches of the foot.
- Perfect for Post-operatives, people suffering from weak arches, bunions, hammer toes, enlarged joints or metatarsal discomfort.
- These Lasts are ¼" deeper, allowing room for our special cushioned inlay for super comfort, which is easy to customize. Or remove the inlay to accomodate molds or arches.

"Put Your Feet In Reliable Hands"

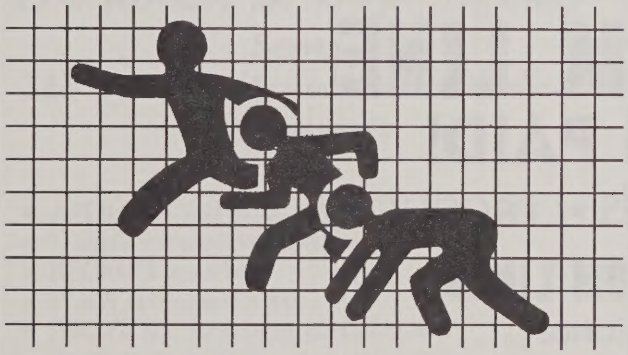
ARNOLD'S
Foot Health SHOES

FREE
PARKING

327 BRIDGE ST., OPP. STEARNS SQ.
Open Mon. & Thurs. Nites

Also Custom-molded Footwear

**Sports Therapy for
Athletic Rehabilitation and Treatment**



S·T·A·R·T
INCORPORATED

Back Rehabilitation
Cybex Testing And Rehabilitation
Sports Injury Care

- Industrial Accident Rehabilitation
- Physical Therapy
- Fitness Evaluation
- Orthotic / Brace Casting

91 School Street • Springfield, MA 01105 • **413-788-6195**

The Visiting Nurse Association of Springfield
The Central Intake Unit-*"Where It All Begins*

If a visitor spent a day observing at the Visiting Nurse Association (VNA) of Springfield, I have often wondered what his/her thoughts would be! People moving all about, phones ringing, a hub of activity. What the visitor would actually be seeing is a team of employees dedicated to bringing quality home care to the communities we serve...and all of this activity begins in the Central Intake Unit (CIU).

The CIU of the VNAS was established in 1981 to facilitate the transmission of information, and to provide a more effective and efficient method of processing requests for service and referrals. After a request for service has been made, several details have to be in place before it is given to our professional staff. Just as a variety of people utilize our services, their situations and needs differ. The patient is admitted by the established procedures of the VNA. Doctors' orders are obtained, payment sources are explained and the information needed to develop a plan of care is written on a referral form and given to the proper clinical supervisor. Most cases are processed the same day they are received. Our unit is designed to handle these procedures efficiently and to process each referral promptly to insure that each patient's home health care needs are satisfied. Referrals are received from many different sources: doctor's offices, hospitals, nursing homes, other community agencies, social services and Discharge Coordinators.

Sometimes we receive requests for some service or need that are not appropriate for our agency. In that case we would refer that caller to another source of help. One morning we received a call from an elderly lady who said she was lonesome and afraid. Her family had all moved away and most of her friends had passed on. Her voice was tearful. We referred her to a community agency which was able to provide for her need to verbalize her fears and provide a companion to visit her on a reqular basis. We keep a daily log of our calls we take in a day, how they were processed and the types of requests we are receiving. This information is then utilized to meet new or changing home health care needs.

The CIU also provides liaison nurses who provide direct assistance in the discharge planning of patients from chronic and acute health care facilities. The liaison nurse located within specific facilities (i.e., Baystate Medical Center and Mercy Hospital), is skilled in accessing other community agencies, and in coordinating VNAS' services with other programs established to promote the well-being of the patient and entire family unit.

There are a myriad of other activities that occur within the CIU. We send out physicians' orders, maintain a master card file system, admit and discharge patient records, and provide other tasks ultimately to provide a quality service.

The CIU of the VNAS looks forward to assisting you in meeting the health care needs of not only your patients, but of your family and friends as well. Please feel free to call us anytime.

Diane Gonyea, RN

Dine in Relaxed Elegance

Always a different and delicious menu to enjoy in pleasant comfort. Serving daily from eleven-thirty AM to midnight.

THE LOG CABIN

Easthampton Road, Route 141
HOLYOKE
536-7700

PENSION ASSOCIATES INC.

1234 Main Street
Springfield, Mass. 01103
781-1261

CONSULTATION AND ADMINISTRATION FOR ALL TYPES OF EMPLOYEE BENEFIT PLANS and EXECUTIVE COMPENSATION PLANS

William R. Massida
Robert A. Walker
Richard A. Labine

$ ....

THE BOTTOM LINE IS GETTING PAID!

PAID FOR YOUR SERVICES • PRODUCTS

WE ENHANCE BOTTOM LINES
through professional
COLLECTION SERVICES

ETHICAL • EXPERIENCED • EFFICIENT
BONDED

for further information
785-5800

HART ADJUSTMENT BUREAU

1355 LIBERTY ST., SPFLD., MA 01104

AMERICAN PHYSICIAN

Endangered Species

The American physician isn't extinct. But your freedom to practice *is* endangered. Increasing government intervention is threatening the quality of medicine—and your right to function as an independent professional. The government, responding to myriad cost-containment pressures, has taken a greater role in legislating reimbursement methods, payment levels and even access to care.

You can fight back. The American Medical Association is your best weapon. No other organization can so effectively reach the national policymakers who will help determine your future and the future of medicine.

Join the AMA. We're fighting for you—and your patients.

For information, call collect (312) 645-4783.

The American Medical Association
535 North Dearborn Chicago, Illinois 60610

14-043

The Robert B. Doyle Agency
Serves
The Western Massachusetts Medical Community

WE:

- **APPRAISE** and **SELL** practices
- **DESIGN** start-up marketing strategy
- **RECRUIT** associates
- **PLAN** retirement steps
- **PROVIDE** investment products and quality tax shelters
- **FUND** pensions and other fringe benefits
- **STRUCTURE** charitable giving
- **RECOMMEND** money management firms
- **FIND** and **LEASE** medical office space
- **WELCOME** inquires

ROBERT B. DOYLE, C.L.U., President
95 State Street, Suite 511
Springfield, Massachusetts 01103
(413) 785-1659

In Memoriam

William Mosig, M.D. of Wilbraham died August 23, 1986 at age 73. A 28 year retired Hampden County medical examiner, he began his practice here in 1945 after World Was II Navy duty. He leaves four daughters, a sister and four grandchildren.

David W. Williams, M.D., age 68 of East Orleans, died in the New England Deaconess Hospital, Boston on September 25,1986. He practiced urology in Springfield for 35 years. He is survived by his wife, two sons, a daughter, a sister and four grandchildren.

H.H. Shuman, M.D. of Longmeadow and Dennis, died in the New England Deaconess Hospital, Boston. A pediatrician, he was the founder of the Neonatal Intensive Care Unit at Baystate Medical Center and wrote extensively about high risk infancy. He had retired in 1982. He leaves his wife, two sons, two daughters, a sister and two brothers.

Edward Ferrarrone, M.D. of Springfield, died at age 69, October 15, 1986 in Mercy Hospital. He was an orthopedic surgeon at Ludlow and Mercy Hospital until his retirement. He leaves his wife, seven sons and eleven grandchildren.

Harold A. Gross, M.D. age 65 of Longmeadow, died November 7, 1986. A retired family practitioner, he was one of the original members of the Wesson Hospital Associates which began operating that hospital's emergency room. He is survived by his wife, a daughter and two sisters.

ESTABLISHED IN THE YEAR 1861

Dickinson-Streeter Funeral Service
305 STATE ST., SPRINGFIELD, MASS.
Earle C. Bradley Alfred J. Gay

Important products from Dista

Nalfon®
fenoprofen calcium
600-mg* Tablets

Keflex®
cephalexin
250 and 500-mg Pulvules®
125 and 250 mg per 5 ml, Oral Suspensions

*Present as 691.8 mg of the calcium salt of fenoprofen dihydrate equivalent to 600 mg fenoprofen.

Additional information available to the profession on request.

DISTA
Dista Products Company
Division of Eli Lilly and Company
Indianapolis, Indiana 46285

420080

TOROS OMARTIAN & SON, Inc.
We Buy and Sell
ORIENTAL RUGS

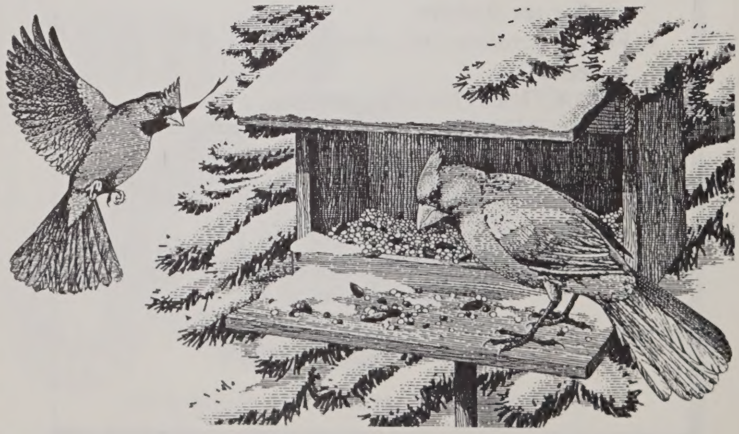
286 Bridge Street
Tel: 736-1531

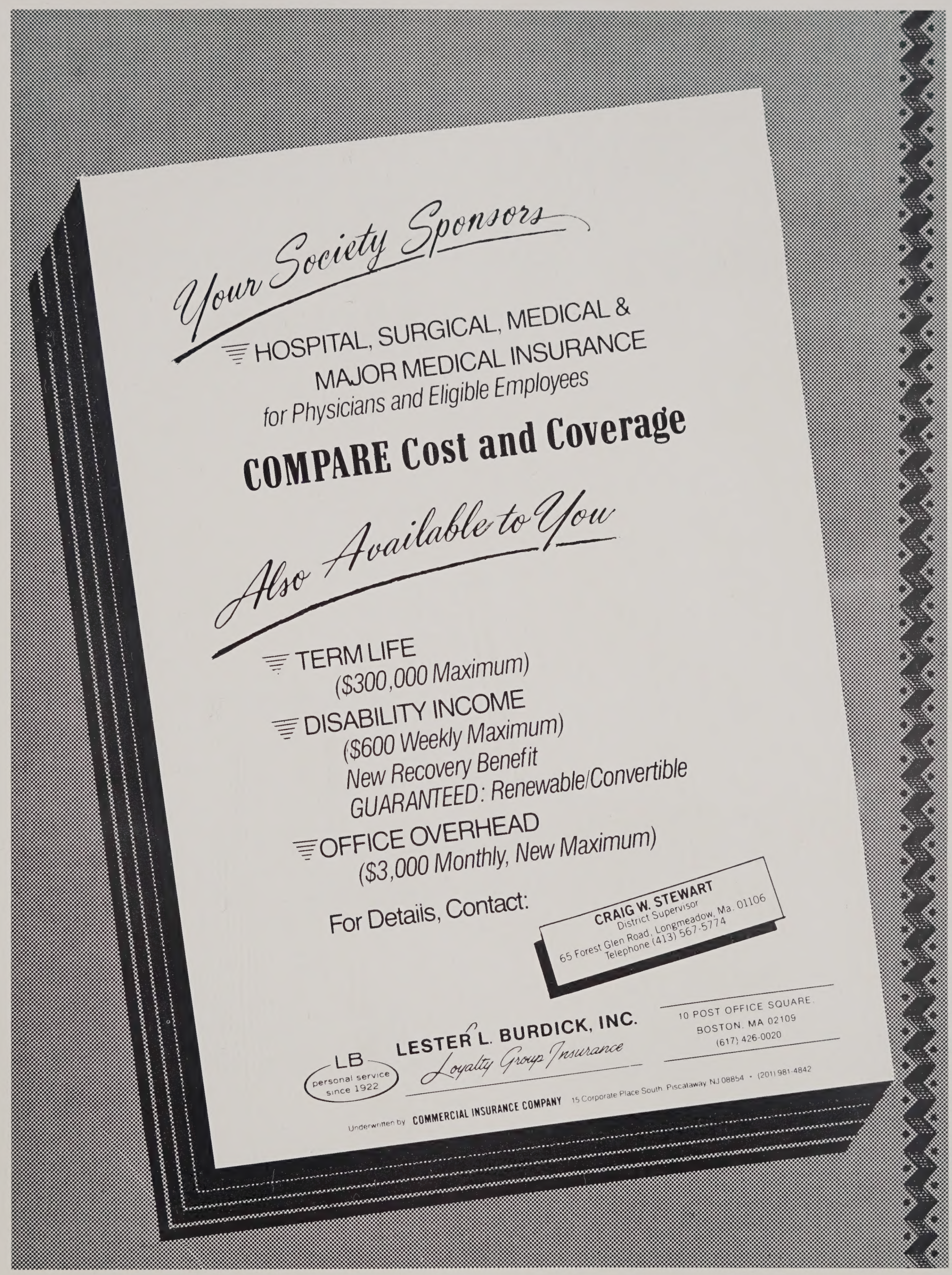
Open Thurs. til 9:00 p.m. *Free Parking Validated*

PATRICIA NADEAU
MEDICAL TRANSCRIBER

WESTERN MASS. TRANSCRIPTION SERVICE
LETTER QUALITY WORD PROCESSING

110 OLD STAGE RD.
WESTFIELD, MA 01085
(413) 533-5313





Your Society Sponsors

HOSPITAL, SURGICAL, MEDICAL &
MAJOR MEDICAL INSURANCE
for Physicians and Eligible Employees

COMPARE Cost and Coverage

Also Available to You

- TERM LIFE
  ($300,000 Maximum)
- DISABILITY INCOME
  ($600 Weekly Maximum)
  New Recovery Benefit
  GUARANTEED: Renewable/Convertible
- OFFICE OVERHEAD
  ($3,000 Monthly, New Maximum)

For Details, Contact:

CRAIG W. STEWART
District Supervisor
65 Forest Glen Road, Longmeadow, Ma. 01106
Telephone (413) 567-5774

LB
personal service
since 1922

LESTER L. BURDICK, INC.
Loyalty Group Insurance

10 POST OFFICE SQUARE.
BOSTON, MA 02109
(617) 426-0020

Underwritten by **COMMERCIAL INSURANCE COMPANY** 15 Corporate Place South, Piscataway NJ 08854 • (201) 981-4842

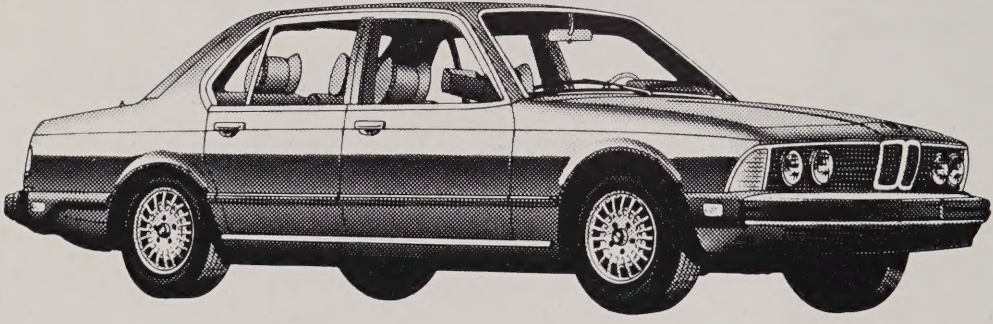
ONE OF THE WORLD'S FOREMOST AUTHORITIES ON ACCELERATION PRESENTS A MAJOR BREAKTHROUGH IN DECELERATION.

At BMW, true performance isn't solely measured by how fast a vehicle goes, but how well it stops. And how well it does everything in between.

That's why the full line of BMW's now have "the biggest advance in braking since the disc" (AutoWeek) —the anti-lock braking system (ABS). It's a computer-controlled system designed solely to prevent brakes from locking.

Contact us. And make an appointment to take a BMW out on the road for a thorough test stop.

THE ULTIMATE DRIVING MACHINE.



©1986 BMW of North America, Inc. The BMW trademark and logo are registered.

BALISE

The Best Place to BUY a BMW is also the Best Place to LEASE a BMW !

603 East Columbus Ave., Downtown Springfield • Just Off Route 91 • (413) 785-1311